(place patient label here)
Patient Name:_________________________

PROVIDER ORDERS

Order Set Directions:
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Diagnosis: ____

Allergies with reaction type:____

Post Cardiac Intervention-PCI (Radial) Version 5 8/2/19

- This order set is designed to be used for post cardiac catheterization with intervention. If interventions were not preformed please use a Cardiac Cath Post procedure order set.

Activity

- ☐ Out of Bed immediately, or after ________ hours, when sufficiently awake and vitals stable
- ☑ Limit movement of affected arm for 3 hours, keep wrist straight, may use arm board as needed

Diet

- ☑ Advance diet as tolerated to cardiac diet (HEART HEALTHY) or __________________

Nursing Orders

- ☑ Encourage oral fluids
- ☑ Vital signs non unit standard: Post line removal: Q15 min x 4; Q30 min x2 then Q1H x 5 then per unit standard or until discharge if outpatient
- ☑ Monitor site Q 15 min x 4, Q 30 min x 2, Q1H for:
  *Bleeding or hematoma
  *Perfusion of hand (Compare cap refill of thumb and index finder to other digits)
  *Continuous Pulse Ox to affected thumb or index finger, monitor arterial waveform and SaO2 > 90%
  *Monitor for radial artery patency by compressing ulnar artery and verify continued SaO2 >90%

Notify provider
- ☑ IF bleeding or hematoma at access site
- ☑ IF forearm swelling to affected arm
- ☑ IF hypotension
- ☑ IF dyspnea or chest discomfort
- ☑ IF ECG changes
- ☑ IF post cath/PCI chest pain

TR Band Management
- ☑ Sheath removed at _________ hours

180 or _____ minutes post sheath removal:
- ☑ Loosen TR band by removing 3 mL of air from balloon. Continue to incrementally remove 3 mL of air every 15 minutes until balloon is deflated.
- ☑ If bleeding occurs re-inflate balloon in 3 mL increments until bleeding stops and NOTIFY PROVIDER. DO NOT exceed 18 mL of total balloon volume. Wait 15 minutes before repeating deflation procedure.
- ☑ After band is completely deflated for 30 minutes and hemostasis is achieved remove band and apply bandaid

Discharge
- ☑ Prior to discharge verify patency of affected radial artery with reverse Allen's test. NOTIFY PROVIDER if not patent
- ☐ Discharge in _____ hours after ambulating and medication reconciliation is complete; Notify provider If patient is not stable for discharge within order time frame
- ☐ Discharge instructions: No lifting with affected arm for 24 hours after procedure
- ☐ Follow up with: ____

Respiratory

- ☑ Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation greater than 94%
- ☑ Pulse oximetry , continuous until TR band is discontinued and hemostasis is achieved and patient is awake and alert and oxygen saturation remains > 94 % then pulse oximetry per unit standard of care; Place on affected hand preferably on thumb or first finger

Initials__________

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PROVIDER ORDERS

IV Fluids

Sodium Chloride 0.9% IV
- ☐ 125 milliliter/hour or _____ milliliter/hour Discontinue @ ________ (or at discharge)

Estimated GFR is less than 60 Select One:

Sodium Chloride 0.9% IV
- ☐ 125 milliliter/hour x 12 hours

Sodium Bicarbonate in D5W 150 mEq/1,000 mL IV
- ☐ 125 milliliter/hour x 6 hours

☐ Consult to nephrology for IV fluid recommendations

☑ Convert Peripheral IV to Saline Lock after IV fluid discontinued if patient not ready for discharge

Medications

- For pain, antiemetic, and laxative medications please select the pain convenience order set
  - ☑ ***DISCONTINUE ALL PRIOR ORDERS FOR***: aspirin, clopidogrel (PLAVIX), ticagrelor (BRILINTA), bivalirudin (ANGIOMAX), eptifibatide (INEGRILIN), abciximab (REOPRO), heparin, enoxaparin (LOVENOX), fondaparinux (ARIXTRA), prasugrel (EFFIENT) *****FOLLOW NEW ORDERS BELOW ONLY*****

Platelet Inhibitors: Salicylates

aspirin
- ☐ 81 milligram orally once a day
- ☐ 325 milligram orally once a day

Platelet Inhibitors: P2Y12 Receptor Inhibitors

clopidogrel (PLAVIX)
- ☐ 300 milligram orally once loading dose
- ☐ 75 milligram orally once a day maintenance dose

ticagrelor (BRILINTA)
- ☐ 180 milligram orally once loading dose
- ☐ 90 milligram orally 2 times a day maintenance dose

Anticoagulants: Direct Thrombin Inhibitors

bivalirudin (ANGIOMAX)
- ☐ continue until infusion complete

Platelet Inhibitors: Glycoprotein IIb/IIIa Receptor Inhibitors

Platelet Inhibitors: Glycoprotein IIb/IIIa Receptor Inhibitors

Eptifibatide (INTEGRILIN)

Loading Dose:

☐ 180 microgram/kilogram IV push over 1 – 2 minutes (MAX bolus is 11.3 ml (22.6mg) for > 121kg
Give second loading dose 10 minutes after first dose using the dose calculated for the first loading dose

Maintenance Dose:

☐ (0.75 mg/ml) at 2 microgram per kilogram per minute continuous intravenous infusion (MAX drip rate is 15 mg/hr = 20 ml/hr) Infuse for _____________ hours

Initials__________

PATIENT WEIGHT (KG)	BOLUS VOLUME (2 mg/ml)	INFUSION RATE (0.75 mg/ml)
60-65	5.6 mL	10 mL/h
66-71	6.2	11
72-78	6.8	12
79-84	7.3	13
85-90	7.9	14
91-96	8.5	15

If GFR < 50 mls/min

☐ (0.75 mg/ml) at 1 microgram per kilogram per minute continuous infusion (MAX drip rate is 7.5 mg/hr)

PATIENT WEIGHT (KG)	BOLUS VOLUME (2 mg/ml)	INFUSION RATE (0.75 mg/ml)
60-65	5.6 mL	5 mL/h
66-71	6.2	5.5
72-78	6.8	6
79-84	7.3	6.5
85-90	7.9	7
91-96	8.5	7.5

DO NOT administer through the same IV line as furosemide

Unfractionated Heparin

Low Dose (Acute Coronary Syndrome) Heparin Weight Based Drip

Weight-based Heparin Infusion with loading dose (Select both)

- ☐ 60 unit/kilogram intravenously once loading dose (MAX 10,000 units) and initiate Low Dose Heparin Weight Based Protocol; (Pharmacy to adjust dosing weight as needed)
- ☐ 12 unit/kilogram per hour continuous intravenous infusion maintenance dose (MAX Infusion Rate 2,300 units per hour); titrate per low dose heparin weight based protocol (Pharmacy to adjust dosing weight as needed)

Weight-based Heparin Infusion NO loading dose

- ☐ 12 unit/kilogram per hour continuous intravenous infusion maintenance dose (MAX Infusion Rate 2,300 units per hour); titrate per low dose heparin weight based protocol (Pharmacy to adjust dosing weight as needed)

Standard Dose (PE/DVT) Heparin Weight Based Drip

Weight-based Heparin Infusion Protocol WITH loading dose (Select both)

- ☐ 80 unit/kilogram intravenously once loading dose (MAX 10,000 units) and initiate High Dose Heparin Weight Based Protocol; (Pharmacy to adjust dosing weight as needed)
- ☐ 18 unit/kilogram per hour continuous intravenous infusion maintenance dose (MAX Infusion Rate 2,300 units per hour); titrate per High Dose Heparin Weight Based Protocol(Pharmacy to adjust dosing weight as needed)

Initials__________

Weight-based Heparin Infusion Protocol WITHOUT loading dose
- ☐ 18 unit/kilogram per hour continuous intravenous infusion maintenance dose and titrate per High Dose Heparin Weight Based Protocol(Pharmacy to adjust dosing weight as needed)

Non Weight Based Heparin Drip
heparin (porcine)-0.45% NaCl 25,000 unit/250 mL IV
- ☐ _____ unit/hour continuous intravenous infusion Discontinue @ ________ (time)

Angiotensin-Converting Enzyme Inhibitors
lisinopril (PRINIVIL)
- ☐ 2.5 milligram orally once a day -Hold for systolic blood pressure less than 90 mmHg
- ☐ 5 milligram orally once a day -Hold for systolic blood pressure less than 90 mmHg

ramipril (ALTACE)
- ☐ 2.5 milligram orally once a day -Hold for systolic blood pressure less than 90 mmHg
- ☐ 5 milligram orally once a day -Hold for systolic blood pressure less than 90 mmHg

Beta-Blockers
carvedilol (COREG)
- ☐ 6.25 milligram orally 2 times a day Hold for Systolic BP less than 90 mmHg or Heart rate less than 50 bpm
- ☐ 12.5 milligram orally 2 times a day -Hold for Systolic BP less than 90 mmHg or Heart rate less than 50 bpm

metoprolol tartrate (LOPRESSOR)
- ☐ 12.5 milligram orally 2 times a day -Hold for Systolic BP less than or equal to 100 mmHg or Heart Rate less than or equal to 50 bpm
- ☐ 25 milligram orally 2 times a day -Hold for Systolic BP less than or equal to 100 mmHg or Heart Rate less than or equal to 50 bpm

Statin Therapy
atorvastatin (LIPITOR)
- ☐ 40 milligram orally once a day, in the evening
- ☐ 80 milligram orally once a day, in the evening

Miscellaneous
- ☐ Other Medications:____
  ____

Laboratory
Timed Labs:
Troponin-I
- ☐ timed at _______ (first draw time)
- ☐ timed at _______ (second draw time)

Morning Draw:
- ☐ CBC/AUTO DIFF
- ☐ CBC/ NO DIFF
- ☐ BASIC METABOLIC PANEL
- ☐ LIPID PROFILE
- ☐ Other ________________________________

Initials__________

(place patient label here)

Patient Name: ______________________________

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PROVIDER ORDERS

Diagnostic Tests

ECG

- ☑ stat immediately following procedure; Reason for exam: ___________________
- ☐ routine in AM; Reason for exam: ___________________

ECHO, Transthoracic Limited

- ☐ stat ICD 9 Indications: ______________________________________Area of Focus: ________________________Additional Instructions: ____________________________
- ☐ routine ICD 9 Indications: ______________________________________Area of Focus: ________________________Additional Instructions: ____________________________

Consult Provider

- Provider to provider notification preferred.
  - ☐ Consult other provider _________________ regarding ____
    Does nursing need to contact consulted provider? [ ] Yes [ ] No
  - ☐ Consult Hospitalist regarding ____
    Does nursing need to contact consulted provider? [ ] Yes [ ] No

Consult Department

- All patients should be offered and given advice about a cardiac rehabilitation program

Consult Cardiac Rehab

- ☑ outpatient cardiac rehab to start _____________
- ☑ Consult Dietitian Reason for consult: heart healthy diet teaching or _________________________________

Provider Signature:____Date:__________Time:_________